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CONFIRMATION NO. 1604

|  |   |  |                                   |  |                                  |                                     |
|--|---|--|-----------------------------------|--|----------------------------------|-------------------------------------|
| <b>SERIAL NUMBER</b><br>10/729,279   | <b>FILING or 371(c)<br/>DATE</b><br>12/04/2003<br><b>RULE</b>   | <b>CLASS</b><br>707  | <b>GROUP ART UNIT</b><br>2165     | <b>ATTORNEY DOCKET<br/>NO.</b><br>034430-034                 |                                  |                                     |
| <b>APPLICANTS</b><br>Ranganathan Srinivasan, San Jose, CA;<br>Abhijeet Kataria, Sunnyvale, CA;<br><b>** CONTINUING DATA *****</b><br><b>** FOREIGN APPLICATIONS *****</b><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>03/05/2004                            |   |  |                                   |  |                                  |                                     |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and Acknowledged <u>/MARK A RADTKE/</u><br>Examiner's Signature |   | <input type="checkbox"/> Met after Allowance<br>MR<br>Initials | <b>STATE OR<br/>COUNTRY</b><br>CA | <b>SHEETS<br/>DRAWINGS</b><br>22                             | <b>TOTAL<br/>CLAIMS</b><br>82 42 | <b>INDEPENDENT<br/>CLAIMS</b><br>#2 |
| <b>ADDRESS</b><br>HYPERION-THELEN REID BROWN RAYSMAN & STEINER LLP<br>P.O. BOX 640640<br>SAN JOSE, CA 95164-0640<br>UNITED STATES  |   |  |                                   |  |                                  |                                     |
| <b>TITLE</b><br>Multidimensional database query splitting  |   |  |                                   |  |                                  |                                     |
| <b>FILING FEE<br/>RECEIVED</b><br>2152   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  |                                   | <input type="checkbox"/> All Fees                            |                                  |                                     |
|  |   |  |                                   | <input type="checkbox"/> 1.16 Fees (Filing)                  |                                  |                                     |
|  |   |  |                                   | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |                                  |                                     |
|  |   |  |                                   | <input type="checkbox"/> 1.18 Fees (Issue)                   |                                  |                                     |
|  |   |  |                                   | <input type="checkbox"/> Other _____                         |                                  |                                     |
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